## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or  $\underline{\underline{\mathcal{D}}}$  ocket Number

10721366

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                       |  |             |                  |       | SMALL ENTITY TYPE   |  |       | OTHER THAN OR SMALL ENTITY |                        |  |  |  |  |  |  |  |  |
|--|--|---|---------------------------------------|--|-------------|------------------|-------|---|--|-------|----------------------------|------------------------|--|--|--|--|--|--|--|--|
| TOTAL CLAIMS                                   |  |   | 16                                    |  | 00.0.       |                  | .     | RATE  | FEE  | 7     | RATE                       | FEE                    |  |  |  |  |  |  |  |  |
| FOR  |  |   | 1                                     |  |             | ED EVEDA         |       | _   | <del>                                     </del> | +     |                            |                        |  |  |  |  |  |  |  |  |
| FOR  |  |   | NUMBER FILED                          |  |             | ER EXTRA         |       | BASIC FEE   | 385.00   | OR    | BASIC FEE                  | 770.00                 |  |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | /6 minus 20= *                        |  | <del></del> |                  |       | X\$ 9=  |  | OR    | X\$18=                     |                        |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS                             |  |   | minus 3 =                             |  | 0           |                  |       | X43=  |  | OR    | X86=                       |                        |  |  |  |  |  |  |  |  |
| ΜL   | ILTIPLE DEPEN  | NDENT CLAIM P                             | RESENT                                |  |             |                  |       | +145=   |  | OR    | +290=                      |                        |  |  |  |  |  |  |  |  |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |  |             |                  | TOTAL | 1   | OR   | TOTAL |                            |                        |  |  |  |  |  |  |  |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                                       |  |             |                  |       |   |  | _     | OTHER                      | THAN                   |  |  |  |  |  |  |  |  |
|  |  | (Column 1)                                |                                       | (Column 2) (Column 3)                      |             |                  |       | SMALL   | ENTITY   | OR    | SMALL                      |                        |  |  |  |  |  |  |  |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSI<br>PAID FOR | LY          | PRESENT<br>EXTRA |       | RATE  | ADDI-<br>TIONAL<br>FEE                           |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
|  | Total  | *   | Minus                                 | **   |             | =                |       | X\$ 9=  |  | OR    | X\$18=                     |                        |  |  |  |  |  |  |  |  |
|  | Independent  | * INTATION OF MU                          | Minus                                 | ***  |             | -                |       | X43=  |  | OR.   | X86=                       |                        |  |  |  |  |  |  |  |  |
| <u> </u>                                       | FINST PRESE  | INTATION OF MIC                           |                                       | PENDENT CL                                 | Allvi       |                  |       | +145=   |  | OR    | +290=                      |                        |  |  |  |  |  |  |  |  |
|  |  |   |                                       |  |             |                  | L     | TOTAL   |  | OR    | TOTAL<br>ADDIT. FEE        |                        |  |  |  |  |  |  |  |  |
| ADDIT. FEE (Column 1) (Column 2) (Column 3)    |  |   |                                       |  |             |                  |       |   |  |       | AUDII. FEET                |                        |  |  |  |  |  |  |  |  |
| ENT B  | -  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | .Y          | PRESENT<br>EXTRA |       | RATE  | ADDI-<br>TIONAL<br>FEE                           |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| AMENDMENT                                      | Total  | * .                                       | Minus                                 | **   |             | =                |       | X\$ 9=  |  | OR    | X\$18=                     |                        |  |  |  |  |  |  |  |  |
| ١ME  | Independent  | *   | Minus                                 | ***  |             | =                | t     | X43=  |  | OR    | X86=                       |                        |  |  |  |  |  |  |  |  |
|  | FIRST PRESE  | NTATION OF ML                             | ILTIPLE DEP                           | ENDENT CLA                                 | AIM         |                  | ┟     |   |  |       |                            |                        |  |  |  |  |  |  |  |  |
|  |  |   |                                       |  | •           | •                | L     | +145=   |  | OR    | +290=                      |                        |  |  |  |  |  |  |  |  |
|  |  |   |                                       |  |             |                  |       | TOTAL<br>DDIT. FEE  |  | OR    | TOTAL<br>ADDIT. FEE        |                        |  |  |  |  |  |  |  |  |
|  |  | (Column 1)                                |                                       | (Column 2                                  | 2)(         | (Column 3)       |       |   | •  |       |                            | 1                      |  |  |  |  |  |  |  |  |
| AMENDMENT C                                    | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FCR |             | PRESENT          |       | RATE  | ADDI-<br>TIONAL<br>FEE                           |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| NON  | Total ·  | *   | Minus                                 | **   |             | = .              |       | X\$ 9=  |  | OR    | X\$18=                     |                        |  |  |  |  |  |  |  |  |
| AME  | Independent  | *   | Minus                                 | ***  |             |                  | .     | X43=  |  | OR    | X86=                       |                        |  |  |  |  |  |  |  |  |
|  | FIRST PRESE  | NTATION OF MU                             | LIPLE DEP                             | ENDENT CLA                                 | MIA         |                  |       | +145=   |  | OR    | +290=                      |                        |  |  |  |  |  |  |  |  |
|  | * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                       |  |             |                  |       |   |  |       | TOTAL                      | · ·                    |  |  |  |  |  |  |  |  |
| ***  | f the "Highest Nur   | nber Previously Pa                        | id For IN THIS                        | S SPACE is less                            | s than      | 3, enter "3."    |       | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |       |                            |                        |  |  |  |  |  |  |  |  |